## **BRIGHT FUTURE EXAM: 1 MONTH OLD**

NAME:				VISIT DATE://	DOB:/Actual age:			
MaineCare I.D. #:				□ NO SHOW	Service Location Name and ID #:			
Examiner's Last Name:				Examiner's NPI #: Pay To NPI #:				
(1) INFANT HISTOR	Υ			(2) PHYSICAL EXAM			(3) IMMUNIZATIONS GIVEN	
					N	l Ab	Y N	
General health	Nl	1	Ab	15. WT %			Up to date?	
2. Development	Nl	1	Ab	16. HTin,			36. If HepB #1/2 not given yet, give today	
3. Vision	Nl	+-	Ab	17. WT/HT			37. Other:	
4. Stools	Nl		Ab	18. HCin,		_	(6) KEY ANTICIPATORY GUIDANCE	
5. Urine	NI	_	Ab	19. Skin (cradle cap, diaper derm.)		_	* = key items	
6. Sleeping patterns	NI	_	Ab	20. Head		-	*48. Child car seat in back	
7. Crying 8. Breast feeding qhrs	Nl Y	_	Ab N	21. Eyes 22. Ears		+	*49. Test water temp. Keep below 120 F.  *50. Keep small or sharp objects away	
9. Home birth	Y	_	N	23. Hearing			*51. Delay solids until 4-6 months	
10. Vitamin D/Supplement	Y	+-	N	24. Nose			*52. Child care	
11. Mother's health/emotional	Nl	_	Ab	25. Throat			*53. Smoke/Carbon monoxide detector	
status							54. Breast Feeding	
12. Single Parent Y		N		26. Neck			55. Crib safety	
13. Heat source	Nl	_	Ab	27. Lungs			*56. Sleeping position (back)	
14. Cigarette or Wood Smoke	Y		N	28. Heart			57. Discuss Normal Crying	
				29. Abdomen		-	58. Never Shake a baby	
(5) DEVEL OBJECTAL MILEGRON			7	30. Genitalia			59. Supervise Child at all times	
(5) DEVELOPMENTAL MILESTO		Y NES		31. Hips 32. Neuro			*60. Keep home/car smoke free 61. No drinking hot liquids while holding	
		Y	IN	32. Neuro			baby	
41. Response to sounds				33. Extremities		1	62. Teach early signs of illness	
42. Fixates on face, etc				34. Infant hygiene			63. Sun overexposure/sunscreen	
43. Follows with eyes				35. No Dismorphisms	Y	N	64. Review emergency protocol, 911	
44. Can lift head briefly when prone				•			65. Iron fortified formula	
45. Flexed posture					-	-	66. Avoid microwaving formula	
46. Moves all extremities				(4) SCREENING		67. Discuss infant care: cord care,		
				circumcision care, sleep patterns, bowel				
				* household member exposed to paint dust			movements, skin/nail care, colic/crying,	
				38. Newborn Bloodspot Screen	Nl	Ab	thermometer use, etc	
47. Palmar grasp				39. Newborn Hearing Screen	Pass	Refer	68. Avoid honey to 12 months	
				40. Post Partum Depression Screen			69. Avoid bottle propping	
				PHQ2	Pass	Refer	70. Avoid putting to bed with bottle	
				PHQ9	Pass	Refer	71. Time for mother and couple	
				Edinburgh	Pass	Refer	72. Ask about WIC	
MaineCare Member Services follow-up needed:[circle as appropriate] arrange transportation/ find dentist/								
find other provider/ make appointment/ Public Health Nurse visit/ other								
ASSESSMENT/ABNORMALS PLAN [refer to line item numbers]								
,								
EXAMINER'S SIGNATURE: DATE:/ RTC in months								